

ATTACHMENT 1

New speech and language pathology procedure codes

For dates of service on and after October 1, 2003

| Current code | New code | Description | Billing limitations | Additional conditions | Maximum allowable fee | |
|--------------|----------|---|---|--|-----------------------|-------------------|
| | | | | | Indepen- dents | Rehab agencies |
| G0193 | 92612 | Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording; | | | Manually priced | |
| G0194 | 92614 | Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording; | Only allowable when used in conjunction with 92612. | | Manually priced | |
| G0195 | 92610 | Evaluation of oral and pharyngeal swallowing function | | | \$68.10 | \$71.51 |
| G0196 | 92611 | Motion fluoroscopic evaluation of swallowing function by cine or video recording | | <p>Accompanying a recipient to a swallow study is not reimbursable.</p> <p>This code involves participation and interpretation of results from the dynamic observation of the patient swallowing materials of various consistencies. It is observed fluoroscopically and typically recorded on video. The evaluation involves using the information to assess the patient's swallowing function and developing a treatment.</p> | Manually priced | |
| G0197 | 92607* | Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; <i>first hour</i> | Cannot use on the same dates of service (DOS) as 96105. | <p>This code describes the services to evaluate a patient to specify the speech-generating device recommended to meet the patient's needs and capacity.</p> <p>This can also be used for re-evaluations.</p> <p>Evaluation of picture communication books, manual picture boards, sign language, the Picture Exchange Communication System, picture cards, gestures, etc., are not included in the reimbursement for this code. Instead, use code 92506.</p> | \$59.97 | \$62.97 |
| | 92608** | <i>each additional 30 minutes</i> | This code can only be billed in conjunction with 92607. | A maximum of 90 minutes is allowable. The maximum allowable number of units for this service is one unit of 92607 and one unit of 92608. | \$29.99 | \$31.48 |

* The procedure code description defines this code as one hour. One unit of this code = one hour. If less than one hour is used, bill in decimals to the nearest quarter hour. For example, 45 minutes = .75 and 30 minutes = .5. If more than one hour of service is provided, up to one unit of code 92608 can be used in combination with this code.

** The procedure code description defines this code as 30 minutes. One unit of this code = 30 minutes. If less than 30 minutes is used, bill in decimals to the nearest quarter hour. For example, 15 minutes = .5.

| Current code | New code | Description | Billing limitations | Additional conditions | Maximum allowable fee | |
|--------------|----------|---|---|--|-----------------------|----------------|
| | | | | | Independents | Rehab agencies |
| G0198 | 92609 | Therapeutic services for the use of speech-generating device, including programming and modification | | This code describes the face-to-face services delivered to the patient to adapt the device to the patient and train him or her in its use. | \$44.92 | \$47.17 |
| G0199 | 92607* | Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; <i>first hour</i> | Cannot use on the same DOS as 96105. | <p>This code describes the services to evaluate a patient to specify the speech-generating device recommended to meet the patient's needs and capacity.</p> <p>This can also be used for re-evaluations.</p> <p>Evaluation of picture communication books, manual picture boards, sign language, the Picture Exchange Communication System, picture cards, gestures, etc., are not included in the reimbursement for this code. Instead, use code 92506.</p> | \$59.97 | \$62.97 |
| | 92608** | <i>each additional 30 minutes</i> | This code can only be billed in conjunction with 92607. | A maximum of 90 minutes is allowable. The maximum allowable number of units for this service is one unit of 92607 and one unit of 92608. | \$29.99 | \$31.48 |
| G0200 | 92597 | Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech | Cannot use on the same DOS as 96105. | <p>This code describes the services to evaluate a patient for the use of a voice prosthetic device, e.g., electrolarynx, tracheostomy-speaking valve.</p> <p>Evaluation of picture communication books, manual picture boards, sign language, the Picture Exchange Communication System, picture cards, gestures, etc., are not included in the reimbursement for this code. Instead, use code 92506.</p> | \$71.61 | \$75.19 |

* The procedure code description defines this code as one hour. One unit of this code = one hour. If less than one hour is used, bill in decimals to the nearest quarter hour. For example, 45 minutes = .75 and 30 minutes = .5. If more than one hour of service is provided, up to one unit of code 92608 can be used in combination with this code.

** The procedure code description defines this code as 30 minutes. One unit of this code = 30 minutes. If less than 30 minutes is used, bill in decimals to the nearest quarter hour. For example, 15 minutes = .5.

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|--------------|----------|--|--------------------------------------|--|-----------------------|----------------|
| | | | | | Independents | Rehab agencies |
| G0201 | 92507 | Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual | Cannot use on the same DOS as 92510. | Therapy addressing communication/cognitive impairments and voice prosthetics should use this code. If treatment focus is aural rehabilitation as a result of a cochlear implant, submit a prior authorization using the Prior Authorization/Therapy Attachment (PA/TA) to request code 92510. | \$45.18 | \$47.44 |
| 92599 | 92700 | Unlisted otorhinolaryngological service or procedure | | Prior authorization is always required to use this code. Use this code when no other <i>Current Procedural Terminology</i> code description appropriately describes the evaluation or treatment. | Manually priced | |

Notes: All codes listed in this chart, if billed with an applicable place of service code, are eligible for natural environment enhanced reimbursement. As with Medicare, providers may not submit claims for services for less than eight minutes. The daily service limitation for all codes is one.